PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

<u></u>	CUBRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittel. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	7590 04/12/2006 Intellectual Property Department Dura Automotive Systems, Inc. 2791 Research Dr. Rochester Hills, MI 48309 6/16/2006 MGEBREM2 00000061 500865 10613890			2006	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with saffectent postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2825, on the date indicated below.		
01 FC:1501 02 FC:1504	1400.00 DA	1 500865 10613890	& TRADE	MARK		10100	(Signature) (Date)
AC LO:1304	APPLICATION NO. DA	FILING DATE	•	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,89D 07/03/2003 Casimir R. Kiczek 02-11 6893 TITLE OF INVENTION: CABLE ACTUATED ADJUSTABLE PEDAL.							
Г	APPLN. TYPE	SMALL ENTITY	12SUE F	EE.	PUBLICATION FEE	TOTAL FEE(S) DUE DATE DUE	
<u> </u>	nonprovisional NO EXAMINER JOHNSON, VICKY A		\$1400	0	\$300	\$1700 07/12/2006	
			ART UNIT 3682		CLASS-SUBCLASS]	
_					074-512000		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) sitzached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) sitzached. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is registred attorneys or agents. If no name is liated, no name will be printed. Capture Address from Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Capture Address from Indication form PTO/SB/47; Rev 03-02 or agents of a single firm (having as a member a registred attorneys or agents. If no name is liated, no name will be printed. Capture Address from Indication form PTO/SB/47; Rev 03-02 or agents. If no name is liated, no name will be printed. Capture Address from Indication form PTO/SB/47; Rev 03-02 or agents. If no name is liated, no name will be printed. Capture Address from Indication form PTO/SB/47; Rev 03-02 or agents. If no name is liated, no name will be printed. Capture Address from Indication form PTO/SB/47; Indication form PTO/SB/47; Indication form PTO/SB/47; Indication for name is liated, no name will be printed. Capture Address from Indication form							
4a. '	The following fee(s) are	mall entity discount permitt	41 ed)	n, Payment of A check		nclosed. 8 is sttsched.	
5. Change in Entity Status (from status indicated above) a. Applicant elaims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
inte	TE: The Issue Pee and Perust as shown by the reco	ublication Fee (if required) ords of the United States Par	will not be accepte ent and Trademark	d from anyon Office.		06/16/200 (
	Authorized Signature	Dean B. Wate	ZOD		Date Registration	14 01	2
This so so so so this Box	Typed or printed name	m is required by 37 CFR 1 ty is governed by 35 U.S.C. phication form to the USF' for reducing this burden, s mis 22313-1450. DO NOT 1450,	311. The informatic L 122 and 37 CFR O. Time will vary hould be sent to the SEND PEES OR	on is required 1,14. This co depending u c Chief Infor COMPLETE spond to a co	to obtain or retain a benefit by the obtain or retain a benefit by pen the individual case. Any mation Officer, U.S. Patent an D FORMS TO THIS ADDRES llection of information unless t	the public which is to file (as minutes to complete, include comments on the amount of a Trademark Office, U.S. De SS. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commarca, P.O. for Patents, P.O. Box 1450, ol number.